

"Mental Retardation — Putting the Plan into Action"
Remarks prepared for delivery by Gov. Karl F. Rolvaag
Annual Meeting, Minnesota Association for Retarded Children
Macalester College, St. Paul, Minnesota
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1. Introduction.

2. We in Minnesota have just concluded our biannual legislative session. I must say it is good to have it over—the long hours of negotiation, the inevitable political clashes, the anxious waiting, the eager conclusion.

This year, one of the chief issues was the state's responsibility to the mentally retarded. We came up with major accomplishments:

- institutional care—a sharp increase in staff, 421 new positions. A percentage increase of 22.6 percent.
- daytime activity centers for the retarded. A substantial increase in state matching funds for operating these centers. A total appropriation of \$425,000. Up 200 percent from the previous biennium.
- special education—an increase (of 11 percent) in the amount of state aid available to help pay the salary of each special education teacher.
- a new \$1.2 million dormitory to replace an ancient firetrap.
- a start—a modest beginning—on a program of state matching for sheltered workshops (\$15,000)
- statewide PKU tests for every newborn.
- several other bills of significance
 - (local tax levy for daytime activity centers)
 - (Permanent status for-the Governor's Advisory Committee on Employment of the Handicapped)
 - (building rehabilitation in order to accommodate a new federally-financed work training project for young adult retarded)
 - (expansion of aid to the disabled)

Much to be proud of.

We have begun to push back the curtain of darkness that hid the mentally retarded child, the curtain that kept him from those rights and privileges the rest of us enjoy so freely.

It was the result of a remarkable campaign of cooperation and education, which had its beginning with the series of bus tours sponsored jointly by my office, the Minnesota Association for Mental Health, and the Minnesota Association for Retarded Children, some 18 months ago.

We went to the wards, the cottages, the infirmaries—the schoolrooms, the workshops, the centers.

We invited community leaders. Legislators—many of whom had never seen the inside of an institution for the retarded. Educational, judicial, correctional, business and labor leaders.

Later, we repeated the bus tours, only this time our guests were leaders of the state's women's organizations. Mrs. Rolvaag conducted the tours and again—just as we had done during the first tours—we could watch the faces of the visitors, the wonderment, the new understanding, the emerging determination to go home and tell the story and bring about the changes which were so

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badly needed. We could actually see the results as these visitors to the hospitals met and talked with members of the staff, as they put their hands into the out-stretched hands of lonely neglected children.

In every way possible, we awakened the public conscience—including the legislative conscience. We built a climate for change. During the past few months, as the public awareness campaign was intensified, I joined with the Minnesota Association for Retarded Children, the Jaycees and the Mrs. Jaycees, to sponsor ten regional meetings, in every corner of the state, to sustain public support, to spread the word, to sound the trumpet,

I honestly believe the results will go down in legislative history. Nineteen sixty-five will be remembered as the year that Minnesota began to open the door to its mentally retarded.

But even as I share this proud moment with you, I am acutely aware of all that has been left undone. I think of the countless little boys and little girls and lost men and women whom I have come to know during the past year,

* 421 new positions, yes. But this just moved us up from the long tradition of care that we had permitted to exist and that was, in fact, subhuman. We needed three or four times as many new workers. Will the children at Cambridge State School and Hospital have sufficient supervision now? Will little Billy be able to play outdoors in the sunshine, or will he continue to be confined, winter and summer alike?

* In our state building program we secured but one new dormitory at one of our three institutions—a total of 120 new beds. At this rate of replacement, I am told it may take us 20 years to get rid of the unsafe buildings now in use. Will Tom—a 22 year old hyperactive young man for whom it was suggested that all his teeth be extracted because of the difficulty of caring for him and his inability to control his attacks on others—will Tom finish out his life caged as now like an animal?

* More state aid for special teachers, yes, but even with this incentive we have now reached but half of all the children who could benefit from special classes. The other half—where are they? In lonely back rooms, known only to their families. I think of Linda, too disturbed for regular school, too handicapped, too crippled, too uncontrolled, who at 16 has never had the friendship of another child and never known the face of any adult but her own mother.

* Some progress in providing sheltered work opportunities for the young adult retarded. But we have only begun to recognize the dimensions of this problem. What will become of boys like Jerry—a retarded boy who moved through 8 grades of school without ever learning to read, and who now faces frustration and helplessness and dependency.

*The preventive tests like PKU are now compulsory—but children with PKU occur once in every 10,000. I think of Sandra—a "saved" PKU child (she came into my office the day the bill was signed)—and I think of the others for whom tomorrow's research will come too late. The state must seek prevention on a massive scale.

Clearly, we have an immediate responsibility, one that we are seeking to fulfill in legislative action, to provide minimum services, to upgrade our care facilities, to expand and strengthen every program that aids and habilitates.

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But state governors—and, for that matter, all who are in positions of leadership, in or out of government—have a far larger responsibility. They have the immense responsibility to evaluate the quality of what we are doing, to identify the needs, to set the priorities, to lay out a plan, a continuing, changing, broadly inclusive plan for action. We need desperately to employ our full imaginative talents, our common courage, and all our resources of daring, and skills of organization.

The present national movement toward comprehensive planning to combat mental retardation here becomes of primary importance.

In Minnesota, the effect of the federally-stimulated planning process has been felt all through the state and local social welfare and education services. It has permeated the thinking of the policymakers. It has caught on. Not a county in the state has gone unsurveyed—not a community has been able to avoid asking itself "What is our plan for the mentally retarded?".

The researcher, the pediatrician, the special education teacher, the school administrator, the county welfare director, the public health nurse, these people have had to confront themselves with the question of how and how effectively they are serving the mentally retarded in our population.

During the summer, the staff of the Mental Retardation Planning Council will sort and tally the data which has been collected by hard-working citizens in every one of our 87 counties.

At the same time, the recommendations of the Planning Council's 10 statewide task forces will be sifted, reviewed, and evaluated.

Where is Minnesota heading with its program for the retarded?

How many retarded are being served?

How broad is the range of services?

How does a retarded child get his label? How often is the label changed?

What about his parents? Do they get the same school services and community support with their handicapped boy or girl as they have come to expect for their normal children?

Where are the regional diagnostic services? Where should they be?

What is and should be the function of the emerging new agency: the mental health center?

What is the best way to make use of the growing numbers of empty beds in the state mental hospitals?

What of the county welfare agency—Is it equipped to counsel, to refer, to review—to do the job that is expected of it?

What about our commitment patterns? Do they make sense—do they protect the rights of the retarded?

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Perhaps most important of all—what about the key question of prevention?

Are we aware of the immense importance of our research into the causes of mental retardation? Is that research making the best possible use of the reservoir of unsorted data—the years of accumulated records in our state hospitals?

Are we coordinating the current research and bridging the gap which sometimes exists between the findings in the laboratory and the practical application of the new knowledge in the field?

Are we exploring every source of funds available to us to finance greatly expanded studies into the root causes of this crippling condition?

Why—one almost wishes to shout the question—why, why, why, do we put countless millions into exploration of space, or of the ocean's depths, or of the heart of the atom, and then settle for much less in finding the answer to mental retardation? Our society—our nation is, of course, both affluent and compassionate enough to do both.

The members of the Minnesota Mental Retardation Planning Council, who will be carrying on this difficult question and answer process, have been very carefully selected.

It includes among its 25 members: the-chiefs of the five major state departments which have a special responsibility for services which affect the lives of the retarded—the Commissioner of Education, of Health, of Corrections, of Employment Security, and of Welfare, and the state's Commissioner of Administration.

A member of my own staff serves as chairman of the Council, thus clearly identifying the agency with the goals of the Governor's office.

Other members include leaders in the many disciplines which serve the mentally handicapped, and leaders in labor, business, and of the association for retarded children.

These people are grim—these people mean business. They are determined that our war on mental retardation shall be effective—shall be devastating.

By year's end, the Mental Retardation Planning Council in Minnesota will have prepared a document which will represent the best thinking of the best minds of hundreds of Minnesotans.

What then?

How do we make those recommendations come alive—how alter old patterns—how shift roles of agencies—how create new services—how coordinate and maximize all existing efforts?

Hard as it is to make a plan to combat mental retardation, it is even harder to figure out a way to manage our government and our resources so; we can carry out the plan.

Inertia, protection of the status quo, lack of imagination, inability to cope with new conditions, bureaucracy which aims too often at control rather than at expediting the provision of needed services—these are the obstacles that stand before us, a formidable array.

As the President's panel so accurately predicted, the war on mental retardation has given state government a unique opportunity to prove itself.

Permit me to think out loud with you today about some of the alternatives which have occurred to us in Minnesota as being logical and effective means of translating the plan into a process.

Fortunately, the recently concluded session of the legislature enacted a far-reaching new law, a law which empowers the Governor to serve as the chief planning officer of the state, and to appoint a state planning director to carry out this assignment.

Some very sound principles have been laid out in this law:

1. The placing of the planning function in the Governor's office. In its many forms and phases, planning is an integral and pervasive part of the processes of executive direction. There is no one who stands for and represents the entire state more than the Governor. No one is more closely attuned to the needs of the people. No one is more intimately acquainted with the strength—and the weaknesses—of the process of self-government.
2. The new law makes it clear that the planning director is to be on an eye-to-eye level with the commissioners of the other major operating departments. This is essential if he is to accomplish the goals we have set.
3. Further, there is provision for an advisory committee—to include 11 lay citizens, and 8 legislators. It will ensure valuable public consultation and involvement; the legislative link will provide indispensable communication, feedback, if you will, to the elected policy-makers.

This will be an agency of the State of Minnesota created by statute. The planning process will no longer be wholly dependent on outside sources. It's an indication of "growing up", this legislative recognition of the imperative for planning which for too long has been financed almost on a hit-or-miss basis with earmarked allotments from the federal government (welcome as the federal money is).

There are of course some weaknesses in the new law too, most particularly the limited funding—only \$25,000 per year. But there is no question in my mind but what this new agency can be used to great advantage in implementing our plan to combat mental retardation.

The 11 lay persons who will be appointed should, of course, represent the areas of concern which have long been identified by planners: highway planning, conservation and use of natural resources, metropolitan growth, long-range building needs, land use, economic development.

But there must also be persons on the planning advisory council whose chief concern is to plan for the best use of human resources—members of the Mental Retardation Planning Council, of the Mental Health Planning Council, of the group which has been recently assigned the responsibility for long-range planning and coordination of higher education. By attaching mental retardation planning to this new overall state planning agency, the implementation process should gain in strength and effectiveness. Further, our actions to combat mental retardation would be linked with our work in related fields—as for example, education, institutions, and employment opportunities.

Another alternative—which would possibly be a little easier to accomplish, and certainly would ensure a clear spotlight on the specific needs of the mentally retarded—would be to appoint a special consultant to the Governor on mental retardation, and to charge that consultant with the work of putting the plan into action.

As I understand it, each state is now assured of receiving a two or three year extension of its federal grant for planning to combat mental retardation. These funds could well be used to finance the work of such a special consultant.

While I recognize the wisdom of working through existing departments, and the dangers inherent in giving special status to particular problems, I think the long neglect of mental retardation requires us to make exceptions to the rules—as many exceptions as we need. We are not going to permit the plan to gather dust on the shelves of government.

Another alternative which has been discussed in Minnesota, and I am sure in other states, would be to set up a separate state department of mental retardation and mental health. In Minnesota, these now are assigned to the Department of Public Welfare. Such a step might bring increased attention from the legislature and the public—but, on the negative side, is it possible that the very separateness would endanger the close ties we have sought to build between our county welfare agencies, community services like the daytime activity centers, and our network of state institutions.

Centralized planning—a special consultant—a separate department—whichever course is ultimately selected, it will be extremely important to continue the Mental Retardation Planning Council itself, either in its present form or reconstituted to accommodate its added responsibility of implementation. As an interdepartmental coordinator, as a catalyst for expanded research, as an analyst and evaluator of the effectiveness of the mental retardation plan, the Council can perform invaluable services.

3. Conclusion

Duplicated by the:

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